MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/562383

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1			1			
2				1		
3			1			
4				1		
5				1		
6						
7						
8			1			
9			1			
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
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42				1		
43				1		
44				1		
45			1			
46			1			
47			1			
48				1		
49				1		
50			1			
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
51				1		
52			C			
53			1			
54				1		
55			1			
56				1		
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58				1		
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97						
98						
99						
100						
TOTAL IND.	↓		11 ↓		↓	
TOTAL DEP.	←		47 ←		←	
TOTAL CLAIMS			58			